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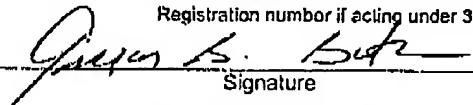
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PTO/SB/22 (12-04)

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810).) | | Docket Number (Optional) 60686CIP(45865) | |
| Application Number | 10/730,070-Conf. #2948 | Filed December 9, 2003 | |
| For SANDWICH ASSAYS FOR COLLAGEN FRAGMENTS | | | |
| Art Unit | 1655 | Examiner L. N. Leary | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | | \$120 | \$60 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | | \$450 | \$225 |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | | \$1020 | \$510 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | | \$1590 | \$795 |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | | \$2160 | \$1080 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> . I have enclosed a duplicate copy of this sheet. | | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06). | | | |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____ | | | |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>34,558</u> | | | |
|  Signature | | February 22, 2006 | |
| Gregory B. Buller, Ph.D. Typed or printed name | | (617) 439-4444 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted. | | | |

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